

<b>Case Number:</b>	CM14-0079203		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	07/13/2011
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 36 year-old female who was reportedly injured on 7/13/2011. The mechanism of injury is noted as a motor vehicle accident. The most recent progress note dated 4/14/2014, indicates that there are ongoing complaints of neck, bilateral trapezius, left scapular and low back pain. The physical examination demonstrated pain over the posterior elements of the cervical spine, pain over the mid-lower part of the cervical spine, limited range of motion with pain, tenderness to palpation of the lumbosacral junction, limited range of motion with pain. Sensory and motor examinations of the upper and lower extremities were non-focal. The range of motion of the shoulders, elbows, wrists, knees, hips, and ankle were all within normal limits. Palpation of the medial scapular was tender. No recent diagnostic studies are available for review. The previous treatment includes medication and conservative treatment. A request was made for Norflex ER 100 mg, #90 and was not certified in the pre-authorization process on 5/13/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Norflex ER 100 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

**Decision rationale:** Norflex is used to treat painful muscle spasms and Parkinson's. Structurally it is related to central acting non-opioid analgesics. The combination of anti-cholinergic effects and central nervous system penetration make it very useful for pain of all etiologies including radiculopathy, muscle pain, neuropathic pain, various types of headaches and as an alternative to Gabapentin for those who are intolerant of the Gabapentin side effects. This medication has abuse potential due to a reported euphoric and mood elevating effect and should be used with caution as a 2nd line option for short-term use in both acute and chronic low back pain. Based on the clinical documentation provided, the clinician does not document trials of any previous anticonvulsant medications or medications for chronic pain such as Gabapentin. Given the California Medical Treatment Utilization Schedule recommendations that this be utilized as a 2nd line agent, the request is deemed not medically necessary.